Project/Location: GSA-PAUL G ROGERS FB, WEST PALM BCH Payroll No. 2 For y							Contract No.: 47PE0721C0006						
Payroll No.		For week ending: 8/14/21											
			Day and Date										
Name, Address	Tax/	Work	S	M	T	W	T	F	S	Rate	Fringe		
	Dep	Classification	8	9	10	11	12	13	14				
(b) (6)	S	ELEVATOR		8	8	8	8	8		47.45	39.62		
	5	MECHANIC								71.175	39.62		
										. =:=::			
(b) (6)	S	ELEVATOR		8	8	8	8	8		47.45	38.67		
	0	MECHANIC								71.175	38.67		
										. =.=			

PERSO	NNEL	HOURS	EARNINGS		GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY ✓
		Reg O/T Hours 3&4	Reg O/	T Earnings 3&4 Earnings	5	Federal State/Local		
(h) (6)		40.00	1,328.80					
File:	000186							
Dept:	000014							
Rate:	33.2200							
Dept:	000014	40.00 FR		1,546.80 FR				
Rate:	38.6700				2,875.60	193.86 FIT	101.18 N MEDINS 5.57 DEN	Memo 🗆
						82.39 SS	1.46 VIS	
						19.26 MED		2,471.88
(h) (6)		40.00	1,898.00					
File:	000109							
Dept:	000014							
Rate:	47.4500							
Dept:	000014	40.00 FR		1,584.80 FR				
Rate:	39.6200				3,482.80	152.26 FIT	206.41 N MEDINS 11.13 DEN	Memo 🗆
						117.68 SS	2.78 VIS	
						27.52 MED		2,965.02
DEPT T	OTAL	80,00 REG	3,226.80 F	REG .00	O/T	346,12 FIT	328.53 TOTAL DEDUCTIONS	2 Pays □
000014		.00 O/T	1		EARNINGS 4	200.07 SS		5,436.90
	•	.00 HOURS 3		EARNINGS 5 6,358.40		46.78 MED		5,100.00
		80.00 HOURS 4		2,000.10	3.1333	.55		
HOURS	ANALYSIS:	80.00	FR Fringe			-	•	
EARNING	SS ANALYSIS:	3,131.60	FR Fringe					
VOLUNT	ARY DED. ANA	-	N MEDINS	16.70 [)EN	4.24 VIS		

ARMSTRONG ELEVATOR

Company Code: GTB

Service Center: 030

Batch : 2309-030 Period Ending : 08/14/2021 Pay Date : 08/18/2021 Week 33 Page 4

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Personnel		Hours			Earnings				Gross	Statutory De	ductions	Voluntary Deductions	Net Pay	Memos
		Reg	O/T	H 3/4	Reg	O/T	E 3/4	E 5		Federal	State/Local			
Worked-In D	epartment - 000	014 - WEST F	PALM BO	CH										
Associate ID File #: W-In Dept: H Dept: Rate:	:(b) (6) 000186 000014 000014 14.2300	120.00	0		1,707.60				1,707.60	FIT 277.20 SS 105.87 Med 24.76			Check# ** 1,191.56	
Dept. Total 000014		Reg O/T Hours 3 Hours 4		120.00 0.00 0.00 0.00		Ear	eg 1,707.60 nings 3 0.00 nings 5 0.00	Ea G	O/T 0.00 arnings 4 0.00 ross 1,707.60	SS Med	277.20 105.87 24.76			1 Pay 1,191.56
Voluntary De	d. Analysis		DEN	5.57		N	101.18			VIS	1.46		-	

Do hereby state:
(1) That I pay or supervise the payment of the persons employed by Armstrong Elevator Company at GSA- Paul G Rogers, Fed Bldg, West Palm Bch, Fig. (Contractor or Subcontractor) (Building or work) that during the payroll period commencing on the 8 day of August 2021 and ending the 14 day of August 2021, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Armstrong Elevator Company from the full weekly (Contractor or subcontractor) wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

(Name of signatory party)

(4) That:

PROGRAMS

OFFICE MANAGER

(Title)

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: (b) (6) OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.